

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**10855 CERTIFICATE OF DEATH**10858
10856

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY		GARRETT		MARYLAND		STATE MARYLAND COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL or end give nearest town)		TOWN OAKLAND		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS			
70 GARRETT COUNTY MEMORIAL HOSPITAL				RURAL SWANTON (If rural give location)			
				ROUTE #1			
3. NAME OF DECEASED (Type or Print)		(First) (Middle) (Last)		4. DATE OF DEATH		(Month) (Day) (Year)	
		(BABY GIRL) BERNARD		NOVEMBER 17		19 55	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	B. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
F	W	SINGLE	NOVEMBER 17, 1955	yrs.	Months	Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
NEWBORN				OAKLAND, MARYLAND	U. S.		
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
LERoy WADE BERNARD				PATRICIA ANN SCHMIDT			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?			16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS			ROUTE #1
(Yes, no, or unk.) (If Yes, give war or dates of service)				MR. LEROY WADE BERNARD			SWANTON, MARYLAND
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
776X IMMEDIATE CAUSE (A) Prematurity (6 mos.)							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-17, 1955, to 11-17, 1955, that I last saw the deceased alive on 11-17, 1955, and that death occurred at 9:05 A.M. from the causes and on the date stated above. SIGNATURE James H. Denton Jr. ADDRESS (Street, city, town, state) M.D. 5824 1/2 Oakland Rd DATE SIGNED 11-17-55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/17/1955		NAME OF CEMETERY OR CREMATORIUM Deer Park Cemetery		LOCATION (City, town, or county) Deer Park, Md.	
24. RECD BY REGISTRAR 11/17/55		REGISTRAR'S SIGNATURE Julia D. Brown L.R.		25. FUNERAL DIRECTOR'S SIGNATURE Herbert C. Crockett		ADDRESS Oakland, Md.	
DATE							

RECEIVED - STATE DEPARTMENT OF HEALTH - KANSAS CITY

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RECEIVED - STATE DEPARTMENT OF HEALTH - KANSAS CITY

INSTRUCTIONS

1 TO ATTENDING PHYSICIAN OR HOSPITAL The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10856

162

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	MARYLAND LENGTH OF STAY (in this place) Life	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Lonaconing	COUNTY Garrett (If rural give location)
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) OF DEATH Nov. 25 (Day) (Year) 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 5, 1878
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	9. AGE last birthday 77 yrs.
13. FATHER'S NAME David D Broadwater		11. BIRTHPLACE (State or foreign country) New Germany, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. none	17. INFORMANT & ADDRESS Mrs. Effie Broadwater, Lonaconing
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 yrs -	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) myocorditis		ARTEROSCLEROSIS Duodenal ulcer	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)		10 yrs 6 mo	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M.		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 19, 1948, to Nov. 25, 1955, that I last saw the deceased alive on Nov. 25, 1955, and that death occurred at 5 A.M., from the causes and on the date stated above. SIGNATURE PE Berry M.D. Pedman DATE SIGNED 11/26/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/27/55	
24. REC'D BY REGISTRAR DATE 11/26/55		NAME OF CEMETERY OR CREMATORIAL New Germany Methodist New Germany, Garrett Co. Md.	
REGISTRAR'S SIGNATURE Ethel Broadwater		LOCATION (City, town, or county) (State)	
25. FUNERAL DIRECTOR'S SIGNATURE Donald J. Newman		ADDRESS Grantsville, Md.	

INSTRUCTIONS

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VS A15C 155 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1810860
166**10857 CERTIFICATE OF DEATH**

Reg. Dist. No. _____

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY	Garrett			MARYLAND	STATE	Maryland			
CITY (If outside corporate limits, write RURAL or give nearest town)				LENGTH OF STAY (in this place)	TOWN	County			
TOWN	Oakland			9 months	Cumberland	Allegheny			
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Weeks Nursing Home			STREET ADDRESS	(If rural give location)				
90				17 Valley St.	01-02-2				
3. NAME OF DECEASED (Type or Print)				(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)		
Daisy M. Coleman							Nov.	10,	1955 ₁₉
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, Single	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.		
F male	White	May 6, 1876	79	Months	Days	Hours	Min.		
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if housewife)				10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)				
Housewife				Own home	Cumberland, Md.				
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME					
Henry Coleman				Sarah Bucy					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS				
NO				None	Quentin Griffey, Ellerslie, Md.				
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.1</u>				<u>Cardiac Asystole</u>					
IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO				<u>Art. C. V. D.</u>					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO									
(C)									
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.									
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
M.									
22. I hereby certify that I attended the deceased from <u>Jan. 3, 1955</u> , to <u>10 Nov. 1955</u> , that I last saw the deceased alive on <u>3 Nov. 1955</u> , and that death occurred at <u>11:50 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>Thomas J. Lushy</u> M.D.				ADDRESS (Street, city, town, state) <u>Oakland, Md.</u> DATE SIGNED <u>11-11-55</u>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 13, 1955		NAME OF CEMETERY OR CREMATORIAL Rose Hill Cemetery		LOCATION (City, town, or county) (State) Cumberland, Md.			
24. REC'D BY REGISTRAR DATE <u>11/12/55</u>		REGISTRAR'S SIGNATURE <u>Julee A. Rowan</u> a/c		25. FUNERAL DIRECTOR'S SIGNATURE William H. Kight, Cumberland, Md.		ADDRESS			

NOV 16 1955

NOV 16 1955

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VS AISC 1-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10861

10858 CERTIFICATE OF DEATHReg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>DEER PARK</u>		(If rural give location)	
TOWN <u>OAKLAND</u>				STREET ADDRESS			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>76 GARRETT COUNTY MEMORIAL HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print) <u>Everrett Burns DEBERRY</u>				4. DATE (Month) OF DEATH <u>NOVEMBER 11 1955</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH <u>S NOVEMBER 11, 1955</u>	
9. AGE last birthday yrs. <u>9</u>				10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>OAKLAND, MARYLAND</u>	
				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>EVERETT BURNS DEBERRY</u>				14. MOTHER'S MAIDEN NAME <u>HARRIET VIRGINIA BECKMAN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>				16. SOCIAL SECURITY NO. <u>44-10</u>			
17. INFORMANT & ADDRESS <u>DEER PARK</u>				18. MEDICAL CERTIFICATION			
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>761.5</u> IMMEDIATE CAUSE <u>Heart Failure</u>				ANTECEDENT CAUSE(S) DUE TO <u>Absentia Placenta</u> DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO <u>20 hrs.</u> STATING UNDERLYING CAUSE LAST. (C)			
19a. DATE OF OPERATION <u>11/11/55</u>				19b. MAJOR FINDINGS OF OPERATION <u>Premature Birth (8 mos.)</u>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OF-INJURY—street, office bldg., etc.) <u>Deer Park Cemetery</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NOVEMBER 11 1955</u>				21e. WHERE DID INJURY OCCUR? (City or town) (County) <u>Oakland Md</u> (State) <u>M.D.</u>			
21f. HOW DID INJURY OCCUR? <u>Fallen from bed</u>							
22. I hereby certify that I attended the deceased from <u>NOVEMBER 11 1955</u> to <u>NOVEMBER 11 1955</u> , that I last saw the deceased alive on <u>NOVEMBER 11 1955</u> , and that death occurred at <u>7:55 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>Thomas J. Lusk</u> M.D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>				DATE THEREOF <u>Nov-1 1955</u>		NAME OF CEMETERY OR CREMATORIAL <u>DEER PARK CEMETERY</u>	
24. REC'D BY REGISTRAR <u>11/11/55</u>				REGISTRAR'S SIGNATURE <u>Judith Rowan</u>		LOCATION (City, town, or county) (State) <u>Deer Park Cemetery</u>	
DATE						25. FUNERAL DIRECTOR'S SIGNATURE <u>Emory Bolden</u>	
						ADDRESS <u>OAKLAND MD</u>	

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INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been **executed** by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10862

10859 CERTIFICATE OF DEATHReg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE MARYLAND		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL or give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS (If rural give location)	
X TOWN OAKLAND				TOWN RURAL		STREET ADDRESS KITZMILLER	
70 GARRETT COUNTY MEMORIAL HOSPITAL				R. F. D.			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) FRANK (Middle) XAVIER (Last) DEWITT				NOVEMBER 18 19 55			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W	8. DATE OF BIRTH 9/27/69	9. AGE last birthday 86 yrs.	IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				11. BIRTHPLACE (State or foreign country) HOYES, MARYLAND			
13. FATHER'S NAME JOHN DEWITT				14. MOTHER'S MAIDEN NAME MATTINGLY, ANNA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT & ADDRESS MRS. JESSIE RECKNER				18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 591X IMMEDIATE CAUSE (A) Uremia				INTERVAL BETWEEN ONSET AND DEATH 2 wks.			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Nephrosis, acute							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) 21f. HOW DID INJURY OCCUR?		(State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Nov. 5, 1955 , to Nov. 18, 1955 , that I last saw the deceased alive on Nov. 18, 1955 , and that death occurred at 10:30 AM , from the causes and on the date stated above. SIGNATURE Joseph Alvarez M.D. 101 Third St. Oakland Md. Nov 18.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 11/21/55		NAME OF CEMETERY OR CREMATORIAL OAKLAND MD.		ADDRESS (Street, city, town, state) OAKLAND MD.	
24. REC'D BY REGISTRAR DATE 11/20/55		REGISTRAR'S SIGNATURE Julia L. Rowan		25. FUNERAL DIRECTOR'S SIGNATURE Emroy Baldwin		ADDRESS OAKLAND MD.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Item 21f Form 3169 11-20-58 **10860** MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

167

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:

COUNTY **GARRETT**

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)TOWN **OAKLAND** RURALHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **MARYLAND** COUNTY **GARRETT**CITY (If outside corporate limits write RURAL and give nearest town)
ORTOWN **OAKLAND** RURALSTREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED:
(Type or Print)**RUTH**

(Middle)

(Last)

4. DATE
OF
DEATH **Nov. 12 1955**5. SEX: **FEMALE**6. COLOR OR
RACE: **WHITE**7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): **MARRIED**10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): **HOUSEWIFE**10b. KIND OF BUSINESS OR
INDUSTRY:

13. FATHER'S NAME:

EDWARD PROSPT.15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)16. SOCIAL SECURITY NO.: **235-40-6149**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

Crushes, Burns, split chest wallINTERVAL BETWEEN
ONSET AND DEATH**2 hrs****Due to**

Antecedent cause(s)

Fracture left femur**2 hrs**Diseases or conditions, if any,
giving rise to the above cause
stating underlying cause last**Fracture 7th & 8th Cerv. Vertebrae****2 hrs**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
of street, office bldg., etc.,
INJURY)21c. (City or town) **THOMAS**(County) **11**

(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY21e. INJURY OCCURRED
While at Not while
work at work 21f. HOW DID INJURY OCCUR? **Collision Automobile**
Car struck abutment of bridge22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

Dr. BaumgartnerCHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.

DATE SIGNED

11/14/5523. BURIAL, CREMATION,
REMOVAL (Specify): **BURIAL**DATE REC'D BY LOCAL
REG. **11/16/55**DATE THEREOF **NOV. 14-1955** NAME OF CEMETERY OR CREMATORIUM **THOMAS CEMETERY** LOCATION (City, town, or county) **THOMAS W.VA.** (State)REGISTRAR'S SIGNATURE **Elmer C. Shaffer** FUNERAL DIRECTOR **Emory Bolden** ADDRESS **OAKLAND MD.**

BUREAU V. S

NOV 21 1965

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10865

10861 CERTIFICATE OF DEATH

Reg. Dist. No. 166

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY GARRETT	MARYLAND	STATE MARYLAND	COUNTY GARRETT
CITY (If outside corporate limits, write RURAL OR or and give nearest town) TOWN RURAL- DEER PARK	LENGTH OF STAY (In this place) 79 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR or and give nearest town) TOWN RURAL- DEER PARK	STREET ADDRESS (If rural give location) 2 Miles East
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 MILES EAST			
3. NAME OF DECEASED (First) ARTHUR	(Middle) OSBORN	(Last) H ARDESTY	4. DATE (Month) OF DEATH NOV. 17, 1955 (Day) (Year) 19
5. SEX MALE	6. COLOR OR WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH FEB. 10, 1876
9. AGE last birthday 79 yrs.	10. KIND OF BUSINESS OR INDUSTRY Farming-retired	11. BIRTHPLACE (State or foreign country) Garrett Co., Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME HENRY A. HARDESTY	14. MOTHER'S MAIDEN NAME JULIA ANN TASKER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO <input checked="" type="checkbox"/> unk. <input type="checkbox"/> (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT & ADDRESS MRS. ALICE HARDESTY, Rt. 1, Deer Park	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
443X IMMEDIATE CAUSE Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 24 days	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Hypertension arteriosclerotic monocular			
(B) Syphilitic			
(C) Cardio vascular disease		6 yrs.	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) Deer Park	(County) Oakland (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 19, 1955, to Oct. 29, 1955, that I last saw the deceased alive on Oct. 29, 1955, and that death occurred at 9 A.M. from the causes and on the date stated above.			
SIGNATURE <i>Thomas J. Lusk</i>		ADDRESS (Street, city, town, state) Oakland Rd. Garrett Co., Md.	
DATE SIGNED Nov. 20, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF Nov. 20, 1955	NAME OF CEMETERY OR CREMATORIAL Moon Cemetery	LOCATION (City, town, or county) Deer Park, Garrett Co., Md.
24. REC'D BY REGISTRAR Julia Rowan	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Oct. Shapless	ADDRESS Blaine, W. Va.
DATE 11/20/55			

2014 RELEASE UNDER E.O. 14176

Digitized by srujanika@gmail.com

A rectangular stamp with a double-line border. The top line contains the text "BUREAU V. S.". The bottom line contains the text "NOV 28 1955". Along the right edge, the words "FBI LABORATORY" are printed vertically.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10866

10862 CERTIFICATE OF DEATHReg. Dist. No. **166**

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Baltimore		MARYLAND		STATE Md		COUNTY Gillegay	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS (If rural give location)	
TOWN Oakland		84 weeks		Oakland Westenport		714 x 8th St 01-43-2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Weeks Nursing Home.							
3. NAME OF DECEASED (Type or Print)				4. DATE (Month) OF DEATH Nov 14 1955			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Sept 18, 1872 83 yrs.	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Ft. Ashby, W. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME John T. Greenwade				14. MOTHER'S MAIDEN NAME Sarah Wheeler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Edrie Pence, Westenport, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				18. MEDICAL CERTIFICATION Congestive heart failure Art. C.V.D. INTERVAL BETWEEN ONSET AND DEATH 2 mos. year			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) 1955		(State) 1955	
21d. TIME OF INJURY (Month) 9/16 (Day) 1955 (Year) 1955 (Hour) 10 A.M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/16 , 1955 , to 11/14 , 1955 , that I last saw the deceased alive on 11/17 , 1955 , and that death occurred at 10 A.M. from the causes and on the date stated above. SIGNATURE Thomas J. Gushy M. D. ADDRESS (Street, city, town, state) Oakland Ind. DATE SIGNED 11-14-55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/16/55		NAME OF CEMETERY OR CREMATORIAL Queens Park		LOCATION (City, town, or county) Keyser, W. Va. (State) W. Va.	
24. REC'D BY REGISTRAR DATE 11/14/55		REGISTRAR'S SIGNATURE Julia A. Rowan PR		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. S. Boal - Mortician, Md.			

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

LETTERS RECEIVED BY
THE FEDERAL BUREAU OF INVESTIGATION

DATE
RECEIVED
BY

BUREAU V. S.
RECEIVED
NOV 28 1955

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C I-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 21 Film G190 12 22 55 am

10863

CERTIFICATE OF DEATH

Reg. Dist. No. 10867

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN Oakland)		MARYLAND LENGTH OF STAY (in this place) 53 days		STATE West Virginia COUNTY Preston CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rowlesburg	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home 59 Oak Street			STREET ADDRESS Main Street (If rural give location)		
3. NAME OF DECEASED (First) Maude (Middle) Knotts (Last) Hunter			4. DATE (Month) (Day) (Year) DEATH November 28, 1955		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH November 7, 1874	9. AGE last birthday 81 yrs.	IF UNDER 1 YEAR 0 months 21 days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Rowlesburg, West Virginia	
13. FATHER'S NAME James A. Knotts			14. MOTHER'S MAIDEN NAME Sarah C. Hollis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS John J. Hunter, Rowlesburg, W. Va.		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 900.0 IMMEDIATE CAUSE			18. MEDICAL CERTIFICATION (A) Arterio Sclerotic Cardiac vascular disease 10 yrs Antecedent cause(s) DUE TO Fracture RT. hip		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH 7 mos.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Home		21c. WHERE DID INJURY OCCUR? (City or town) Rowlesburg (County) W. Va. (State)		
21d. TIME OF INJURY (Month) Oct. (Day) 28 (Year) 1955 (Hour) 55 M.	21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Missed step and fell		
22. I hereby certify that I attended the deceased from 15 Oct. , 19 55 , to 28 Oct. , 19 55 , that I last saw the deceased alive on 28 Oct. , 19 55 , and that death occurred at 11:50 A.M. from the causes and on the date stated above. SIGNATURE <i>Andrew E. Hance</i> M.D. Oakland, Maryland. DATE SIGNED 29 Nov 55					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF November 30, 1955	NAME OF CEMETERY OR CREMATORIAL Eglon Cemetery	LOCATION (City, town, or county) Eglon, West Virginia. (State)		
24. RECD BY REGISTRAR Julia A. Brown L.P.C. Watson	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE P. K. Watson	ADDRESS Terra Alta, W. Va.		
DATE 11/30/55					

STATE OF CALIFORNIA
DEPARTMENT OF STATE CHARTERS

REGISTRATION OF DATA

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BUREAU U. S.

EC A 1955

REGISTRATION

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate should be detached for use as a burial transit permit.

VS A15C-155 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10864 CERTIFICATE OF DEATH

10868
166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT	MARYLAND	STATE MD	COUNTY GARRETT				
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND	STREET ADDRESS (If rural give location)				
HOSPITAL OR INSTITUTION OR STREET ADDRESS OAKLAND							
3. NAME OF DECEASED (Type or Print)				4. DATE (Month) (Day) (Year)			
LOREE FREELAND McROBIE				NOV. 16 1955			
S. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH DEC-3-1903	9. AGE last birthday 51	IF UNDER 1 YEAR Months 	IF UNDER 24 HRS. Days 	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED U.S MARINE				11. BIRTHPLACE (State or foreign country) DEER PARK MD.			
13. FATHER'S NAME JOSEPH McROBIE				12. CITIZEN OF WHAT COUNTRY? U.S.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES				16. SOCIAL SECURITY NO. 52-039-9541			
17. INFORMANT & ADDRESS MRS. MARY McROBIE OAKLAND MD.				18. MEDICAL CERTIFICATION I IMMEDIATE CAUSE Coronary occlusion ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Coronary Heart Disease			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH Sudden 1 year			
19e. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
				21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			
				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11 March 1955 to 10 November 1955 , that I last saw the deceased alive on 10 November 1955 , and that death occurred at 7:30 A.M. from the causes and on the date stated above.							
SIGNATURE J. L. Pearce							
ADDRESS (Street, city, town, state) Oakland Md.							
DATE SIGNED 18 Nov 55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL				DATE THEREOF NOV-18-1955			
24. REC'D BY REGISTRAR Julia A. Rowan				NAME OF CEMETERY OR CREMATORIAL OAKLAND CEMETERY			
DATE 11/17/55				LOCATION (City, town, or county) OAKLAND			
25. FUNERAL DIRECTOR'S SIGNATURE Emroy Bolden				ADDRESS OAKLAND MD.			

BY REMOVAL OF STATE OR NATIONAL
ARMED FORCES FROM THE FIELD

RETRIEVE OR DESTROY

ALL INFORMATION

CONTAINED IN THIS REPORT

EXCEPT AS PROVIDED

BUREAU V. S.

TOY 23 195

RECEIVED

INSTRUCTIONS1
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**10865 CERTIFICATE OF DEATH**

10866

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		Garrett Maryland Oakland		LENGTH OF STAY (in this place) 6 weeks		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Cuppett Nursing Home				STREET ADDRESS 517 Caroline St.		(If rural give location)	
3. NAME OF DECEASED (Type or Print) MARY FRANCE NUTTER				4. DATE OF DEATH Nov. 11, 1955			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 22, 1880	9. AGE last birthday 75 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Brunswick, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Joel Wolfe				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) No			16. SOCIAL SECURITY NO. None	17. INFORMANT & ADDRESS Mrs. Robert Zimmerman, Cumberland, Md.			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) <i>Cardiac Failure</i> ANTECEDENT CAUSE(S) DUE TO <i>Art. C. V. D.</i> DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <i>Acute Pharyngitis</i> (C)							
INTERVAL BETWEEN ONSET AND DEATH <i>1 week?</i> <i>years</i>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/14</i> , 19 <i>55</i> , to <i>11/11</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>11/3</i> , 19 <i>55</i> , and that death occurred at <i>7:45</i> M, from the causes and on the date stated above. SIGNATURE <i>Thomas J. Davis</i> M.D. ADDRESS (Street, city, town, state) <i>Oakland, Md.</i> DATE SIGNED <i>11/13/55</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 14, 1955	NAME OF CEMETERY OR CREMATORIAL Davis Memorial Cemetery		LOCATION (City, town, or county) Cumberland, Md. (State)		
24. REG'D BY REGISTRAR DATE <i>11/13/55</i>				REGISTRAR'S SIGNATURE <i>Julia A. Rowan L.</i>		25. FUNERAL DIRECTOR'S SIGNATURE William H. Kight, Cumberland, Md.	

151

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC SAFETY - STATE POLICE

REPORT NO. 2

TO: [REDACTED]

FROM: [REDACTED]

DATE: [REDACTED]

TIME: [REDACTED]

TYPE: [REDACTED]

NUMBER: [REDACTED]

NAME: [REDACTED]

ADDRESS: [REDACTED]

PHONE: [REDACTED]

TELEGRAM: [REDACTED]

TELETYPE: [REDACTED]

BUREAU V. S

NOV 16 1955

RECEIVED

11/16/55
FBI - LOS ANGELES
WILLIAM C. WOOD

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AUSC-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10866

CERTIFICATE OF DEATH

10870

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY GARRETT

MARYLAND

CITY (If outside corporate limits, write RURAL
OR end give nearest town)LENGTH OF STAY
(in this place)

TOWN OAKLAND

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

(If rural give location)

70 GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND

COUNTY GARRETT

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN OAKLAND

STREET
ADDRESS

THIRD STREET

**3. NAME OF
DECEASED
(Type or Print)**

RUTH

MARGARET

PHILLIPPI

(First)

(Middle)

(Last)

4. DATE (Month) (Day) (Year)

NOVEMBER 1, 1955

5. SEX

6. COLOR OR
RACE7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

8. DATE OF BIRTH

9. AGE last birthday

IF UNDER 1 YEAR

IF UNDER 24 HRS.

FEMALE

WHITE

WIDOWED

APRIL 3, 1895

60

yrs.

Months

Days

Hours

Min.

10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)

HOUSEWIFE

10b. KIND OF BUSINESS
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF WHAT
COUNTRY?

U.S.

13. FATHER'S NAME

HONDEL,

14. MOTHER'S MAIDEN NAME

FRILL, MAGGIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

MS. DAVID MARPLE

THIRD STREET, OAKLAND, MD.

INTERVAL BETWEEN
ONSET AND DEATH

3 was

17a. IMMEDIATE CAUSE

(A)

7771 Nutrition

ANTECEDENT CAUSE(S)

DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(B)

Carcinoma of Breast c metastases

DUE TO

Generalized

(C)

18. MEDICAL CERTIFICATIONII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

14-PERTESSION

Yrs

19a. DATE OF OPERATION

1953

19b. MAJOR FINDINGS OF OPERATION

Carcinoma of rt. Breast

INTERVAL BETWEEN
ONSET AND DEATH

3 was

21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21a. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

M. While
at workNot while
at work

M. at work

at work

22. I hereby certify that I attended the deceased from

9-20, 1953, to Oct 31, 1955, that I last saw the deceased alive on Oct 31, 1955, and that death occurred at 5:55 P.M. from the causes and on the date stated above.

SIGNATURE

James W. Lester Jr. M.D. ADDRESS (Street, city, town, state) Garrett County, Maryland DATE SIGNED 11-1-55

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Barcal

Nov. 4, 1955

Addison Cemetery

Addison, Somerset, Pa.

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Julia A. Rowan L.R.

Samuel A. Black, Confluence, Pa.

DATE

BUREAU U. S.

NOV. 8, 1945

REGULAR

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10867 CERTIFICATE OF DEATH

10871
166

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY

GARRETT

MARYLAND

CITY (If outside corporate limits, write RURAL
OR
and give nearest town)

TOWN

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

53

RURAL OAKLAND

LENGTH OF STAY
(In this place)

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE

MD

COUNTY

GARRETT.

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN

RURAL OAKLAND X

STREET
ADDRESS

(If rural give location)

3. NAME OF
DECEASED
(Type or Print)

(First)

(Middle)

(Last)

SEX

FEMALE

WHITE

COLOR OR
RACE

HOUSEWIFE

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)10b. KIND OF BUSINESS
OR INDUSTRY

13. FATHER'S NAME

ELMER CROSS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE
ANTECEDENT CAUSE(S)
DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.DUE TO
(A)

(B)

(C)

Carcinomatosis

Carcinoma left breast

INTERVAL BETWEEN
ONSET AND DEATH

March 55

18 mos.?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

3-12-55

19b. MAJOR FINDINGS OF OPERATION

Carcinoma left breast

2d. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
M. While at work Not while at work

21f. HOW DID INJURY OCCUR?

M. at work Not while at work

22. I hereby certify that I attended the deceased from 9/1/55, 19....., to 9/8/55, 19....., that I last saw the deceased alive on 9/8/55, 19....., and that death occurred at 11 P.M. from the causes and on the date stated above.

SIGNATURE

Thomas J. Cross

M.D.

ADDRESS (Street, city, town, state)

DATE SIGNED

9/9/55

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

BURIAL

DATE THEREOF

Nov. 11-1955

NAME OF CEMETERY OR CREMATORIUM

TAYLOR BINES CEMETERY

LOCATION (City, town, or county)

NEAR OAKLAND

(State)

MD.

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

Julia A Rowan L.R.

25. FUNERAL DIRECTOR'S SIGNATURE

Emrys Borden

ADDRESS

OAKLAND MD.

DATE

MISSOURI STATE DEPARTMENT OF MARSHALS & PATROLES

STATE CERTIFICATE OF DEATH

1955-1000

NAME OF DECEASED PERSON

1955

1955

NAME

1955

1955

NAME

1955

RECEIVED
NOV 16 1955
BUREAU

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**10868 CERTIFICATE OF DEATH**10872
1/66

Reg. Dist. No. _____

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE MD		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS (If rural give location)	
TOWN OAKLAND				TOWN OAKLAND		Cumberland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home						DATE 01-02-22	
3. NAME OF DECEASED (Type or Print) MATILDA				4. DATE OF DEATH Nov. 19 1955			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	B. DATE OF BIRTH FEB-12-1876	9. AGE last birthday 79	IF UNDER 1 YEAR Months yrs. Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CUMBERLAND MD U.S.		
13. FATHER'S NAME FRANK GOELLNER				14. MOTHER'S MAIDEN NAME ELIZABETH HENDLE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 171X IMMEDIATE CAUSE (A) Carcinoma of Cervix							
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Malnutrition							
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Malnutrition							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) Baltimore		(County) Baltimore (State) M.D.	
21d. TIME OF INJURY (Month) Nov. (Day) 10 , (Year) 1955 (Hour) 11:00		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 10, 1955 to Nov. 19, 1955 , that I last saw the deceased alive on Nov. 10, 1955 , and that death occurred at 11:00 A.M. from the causes and on the date stated above. SIGNATURE <i>Julia Rowan</i> DATE SIGNED 11/21/55				ADDRESS (Street, city, town, state) Baltimore			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF NOV-12-1955		NAME OF CEMETERY OR CREMATORIAL ROSE CEMETERY		LOCATION (City, town, or county) CUMBERLAND MD.	
24. REC'D BY REGISTRAR Julia Rowan		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden		ADDRESS OAKLAND MD.	
DATE 11/21/55							

STATE OF TEXAS - DEPARTMENT OF PUBLIC SAFETY

STATE OF TEXAS - DEPARTMENT OF PUBLIC SAFETY

John D. [unclear]
[unclear] [unclear]
[unclear]

John D. [unclear]
[unclear] [unclear]
[unclear]

John D. [unclear]
[unclear] [unclear]
[unclear]

FEDERAL BUREAU OF INVESTIGATION

NOV 23 1955

RECEIVED

John D. [unclear]

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10873

10869 CERTIFICATE OF DEATH

Item 2, Film G189, 11/25/55 fcy

Reg. Dist. No. 166



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland West Virginia CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland Ridgeley, West Virginia	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Weeks Nursing Home		STREET ADDRESS (If rural give location) 18 Johns Street	
3. NAME OF DECEASED (First) Iskel (Middle) F. (Last) Welch		4. DATE OF DEATH Nov. 5, 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug. 17, 1901
9. AGE last birthday yrs. 54		IF UNDER 1 YEAR Months 0 Deyys 0 Hours 0 Min. 0	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter's helper		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Waynesboro, Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Everett Welch		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. 220-10-2500	
17. INFORMANT & ADDRESS Joseph Welch, Cumberland, Md.		18. MEDICAL CERTIFICATION <i>Carcinoma of Stomach</i>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE 15IX ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH ?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION 2/15/55		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Stomach</i>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) _____ (County) _____ (State) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 11/5/55		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/28/55, 1955, to 11/5/55, 1955, that I last saw the deceased alive on 11/1/55, 1955, and that death occurred at 4:15 P.M. from the causes and on the date stated above. SIGNATURE <i>Thomas J. Rusby</i> M.D.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/8/1955	
NAME OF CEMETERY OR CREMATORIAL Mt. Herman Cemetery		LOCATION (City, town, or county) near Cumberland Md. (State)	
24. REG'D BY REGISTRAR DATE 11/7/55		REGISTRAR'S SIGNATURE <i>Julia A. Rowan</i>	
25. FUNERAL DIRECTOR'S SIGNATURE William Kight		ADDRESS Cumberland, Md.	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10K

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**10879 CERTIFICATE OF DEATH**

10874

162

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		MARYLAND		STATE Maryland		COUNTY Garrett	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville		(If rural give location)	
X TOWN Grantsville		2 yrs		STREET ADDRESS			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00							
3. NAME OF DECEASED (Type or Print) Alpheus Jerome Whitacre				4. DATE OF DEATH Nov. 8, 1955			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH Sept. 30, 1869	
9. AGE last birthday yrs. 86		10. KIND OF BUSINESS OR INDUSTRY Minister		11. BIRTHPLACE (State or foreign country) Okonoko, W. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jesse W. Whitacre				14. MOTHER'S MAIDEN NAME Mary C. Sirbaugh			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Jesse W. Whitacre Grantsville, Md.			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 IMMEDIATE CAUSE (A) Arteriosclerotic heart disease ANTECEDENT CAUSE(S) DUE TO (B) Generalized arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				17 years 20 years			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) Salisbury (State) Penns.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 11-11-55		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 15, 1955</u>, to <u>Nov. 8, 1955</u>, that I last saw the deceased alive on <u>Nov. 7, 1955</u>, and that death occurred at <u>5:00 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>G. Paige Strong</u> M.D. <u>Salisbury, Penns.</u> <u>11/18/55</u> DATE SIGNED 							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11-11-55		NAME OF CEMETERY OR CREMATORIAL Abe Cemetery		LOCATION (City, town, or county) Wiley Ford, W. Va. (State)	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE Ethel Broadwater		25. FUNERAL DIRECTOR'S SIGNATURE Rogers Funeral Home, Keyser, W. Va.		ADDRESS	
DATE 11-11-55							

DEPARTMENT OF COMMERCE - BUREAU OF THE CENSUS
STATISTICAL ABSTRACT

THE UNITED STATES OF AMERICA

GOVERNMENT BY THE PEOPLE

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BUREAU V. S.

JULY 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

10875

10871 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

166

1. PLACE OF DEATH COUNTY <i>Garrett</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i> COUNTY <i>Garrett</i>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Mt. Lake Park</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Mt. Lake Park</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Rural</i>		STREET ADDRESS <i>Rural -</i>			
3. NAME OF DECEASED (Type or Print) <i>Rose By CLIFFORD Wilson</i>	(First) <i>Rose</i>	(Middle) <i>By</i>	(Last) <i>CLIFFORD Wilson</i>		
SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>Feb 86</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (State or foreign country) <i>Mt. Lake Park, Md</i>		
13. FATHER'S NAME <i>George Wilson</i>		14. MOTHER'S MAIDEN NAME <i>Molly Craig</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>209-01-5145</i>	17. INFORMANT AND ADDRESS <i>Mrs Lucy Wilson, Mt. Lake Park, Md</i>		
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>420.1</i> Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (a) <i>Probable Coronary Occlusion</i> (b) <i>(Previous episode 1 yr. ago)</i> (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION			
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) OF INJURY m.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) INJURY OCCURRED Where at work <input type="checkbox"/> Not while work <input type="checkbox"/>	(CITY OR TOWN) How did injury occur?	(COUNTY) (STATE)
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> SIGNATURE <i>Thomas J. Lushy M.D.</i> ADDRESS <i>Oakland, Md.</i> DATE SIGNED <i>11-20-55</i>					
23. FUNERAL CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>11/23/1955</i>	NAME OF CEMETERY OR CREMATORIUM <i>Oakland Cemetery</i>	LOCATION (City, town, or county) <i>Oakland, Md.</i>	(State)	
DATE REC'D BY LOCAL REGISTRY <i>11/22/1955</i>	REGISTRAR'S SIGNATURE <i>John Moran L.P.</i>	24. FUNERAL DIRECTOR <i>Herbert E. Leighton</i>			
ADDRESS <i>Oakland, Md.</i>					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

DEC 6 1955

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